

TEXAS DEPARTMENT OF HEALTH PROVIDER HOPWA PROJECT REPORT

HEALTH SERVICE DELIVERY AREA	
HOPWA PROVIDER	
NAME AND TITLE OF PERSON PREPARING REPORT	
DATE PREPARED	
PROVIDER'S ADMINISTRATIVE AGENCY (AA)	
ADMINISTRATIVE CONTRACT NUMBER	

CHECK THE APPROPRIATE REPORTING PERIOD BELOW:

	SEMI-ANNUAL REPORT	FEBRUARY 1, ____ - JULY 31, ____
	ANNUAL REPORT (CUMULATIVE REPORT)	FEBRUARY 1, ____ - JANUARY 31, ____

(AA: insert the instructions for Provider's submission of project report)

1	CUMULATIVE FUNDS EXPENDED DURING THIS REPORTING PERIOD FOR EMERGENCY ASSISTANCE (SHORT-TERM)	\$
2	CUMULATIVE FUNDS EXPENDED DURING THIS REPORTING PERIOD FOR RENTAL ASSISTANCE (LONG-TERM)	\$
3	CUMULATIVE FUNDS EXPENDED DURING THIS REPORTING PERIOD FOR ADMINISTRATION	\$
4	CUMULATIVE FUNDS EXPENDED DURING THIS REPORTING PERIOD FOR NON-ADMINISTRATIVE OPERATING COSTS. EXAMPLES: CASE MANAGER'S SALARY/LOCAL TRAVEL AND SMOKE ALARMS.	\$
5.	CUMULATIVE NUMBER OF UNDUPLICATED CLIENTS (INDIVIDUALS AND FAMILY UNITS) SERVED DURING THIS REPORTING PERIOD	

5. PERSONS PROVIDED HOUSING ASSISTANCE. Enter the number of persons who received housing assistance funded by HOPWA during the reporting period (This includes clients with HIV/AIDS and persons in family units).

a. Number of persons (adults and children) with HIV/AIDS being assisted.	
b. Number of persons in family units without HIV/AIDS being assisted.	
c. TOTAL of persons being assisted. (a+b)	

6. FAMILY UNITS PROVIDED HOUSING ASSISTANCE. Of the total persons assisted with housing (5-c above), how many family units were assisted.

Total number of <u>family units</u> provided housing assistance (Do not include single person households).	
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7. INCOMES. For those receiving housing assistance, enter the number of individuals and family units falling under these income categories at the time of entry

into the program (Total number must equal line 4 above).

Total Number of Individuals & Family Units (Line 4 above)	Gross Monthly Income of Individual and/or Family Unit at Entry in Program					
	\$0 – 250	\$251 - 500	\$501 - 1000	\$1001 - 1500	\$1501 - 2000	\$2001+

8. UNITS BY TYPE OF HOUSING ASSISTANCE PAYMENT. Report the number of units that were used during the program year by number of bedrooms. Count each unit assisted as one entry regardless of the number of monthly payments made for that unit.

Type of housing assistance payment	Number of units by Bedroom size						
	SRO*	0**	1	2	3	4	5+
a. Emergency assistance (Short-term)							
b. Rental Assistance (Long-term)							

* Single Room Occupancy is defined as housing consisting of single room dwelling unit that is the primary residence of its occupant. Neither food preparation or sanitary facilities is required in the unit, but if the unit does not contain sanitary facilities, the building must contain sanitary facilities that are shared by the tenants. An example of this would be a converted hotel, boarding house, or dormitory.

** "0" bedroom unit is defined as an efficiency apartment (one room) where food preparation and sanitary facilities are contained in the unit.

9. AGE AT ENTRY, AND GENDER. Of those who received housing assistance during the reporting period, how many are in the following age and gender categories? (Include individuals and family members receiving assistance)

Persons	Male	Female
a. 17 years and under		
b. 18 to 30 years		
c. 31 to 50 years		
d. 51 years and over		

10. ETHNICITY (HISPANIC / NON-HISPANIC): How many participants are in the following ethnic categories? All participants are either Hispanic or Non-Hispanic. (Include individuals and family members)

a. Hispanic	
b. Non-Hispanic	

11. RACE. How many participants are in the following racial categories? All persons (Hispanic and Non-Hispanic from Ethnicity in number 10) will fall into one of these four categories. (Include individuals and family members)

a. Asian or Pacific Islander	
b. Black	
c. Native American/Alaskan	
d. White	

12. RECENT LIVING SITUATION. How many participants were in the following living situations immediately prior to entering the program? Include participants in the one category that best describes the participant's most recent living situation.

Recent Living Situation	Number of Participants
a. Homeless from the streets	
b. Homeless from emergency shelters	
c. Transitional housing	
d. Psychiatric facility*	
e. Substance abuse treatment facility*	
f. Hospital or other medical facility*	
g. Jail/prison*	
h. Domestic violence situation	
I. Living with relatives/friends	
j. Rental housing	
k. Participant-owned housing	

1. Other (MUST SPECIFY, ATTACH SHEET IF NEEDED):	
1.	
2.	

* If a participant or family head(s) of household came from one of these facilities but were there less than 30 days and were living on the street or in an emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

13. REASON FOR LEAVING PROGRAM. Show number of participants terminating in each of the categories below according to their primary reason for leaving and how long they were in the program before leaving.

REASON FOR LEAVING PROGRM	# OF MONTHS IN PROGRAM			
a. Voluntary departure	Less Than 3	3-6	7-12	12+
b. Non-payment of rent				
c. Non-compliance with supportive services requirements				
d. Unknown/Disappeared				
e. Criminal activity, destruction of property or violence				
f. Death				
g. Other (Must specify, attach sheet if needed)				

14. PROGRAM IMPROVEMENTS

Describe:

(A) Barriers: Any barriers or difficulties that were encountered in implementing the program, including participants' concerns, and actions that were taken to address those issues.

(B) Recommendations: Any recommendations that you may have for program improvements, including procedural, regulatory, or other changes, and how such improvements would assist eligible persons.

NAME AND TITLE OF PERSON PREPARING REPORT

SIGNATURE OF PREPARER

DATE

PHONE NUMBER OF PREPARER